

# ***PARTNER AND DOMESTIC VIOLENCE ASSESSMENT & REFERRAL***



## **NOVEMBER 8, 2005**

(Training Requires A Minimum Of Ten Participants)

### **COURSE DESCRIPTION:**

Participants will review factors impacting domestic violence and identify situations where domestic/partner violence may be occurring. Participants will learn to conduct manageable domestic violence assessments and provide referrals as part of a useful public health intervention.

### **WHO SHOULD ATTEND:**

Providers working directly in STD, HIV, or related client-based settings.

**COST:** \$25.00 (non-refundable)

*Training provided by the California STD/HIV Prevention Training Center*

**DATES:** November 8, 2005  
8:30 a.m. – 4:30 p.m.

**PARKING:** Request for Parking Permits MUST be made with registration (see below)

### **TIMES:**

**LOCATION:** J.R. Williams Bldg.  
1<sup>ST</sup> Floor East Conference Room  
700 W. State St  
Boise, Idaho

**CONTACT:** Lisa Kramer  
HIV/Prevention Specialist  
208-334-5937  
[kramerl@idhw.state.id.us](mailto:kramerl@idhw.state.id.us)  
fax # 208-332-7346

**INCLUDES:** Manual, Continental Breakfast, and Certificate of Completion



### **REGISTRATION FORM –DOMESTIC VIOLENCE**



**Deadline to Register is October 21st  
Attendance will be limited to those registered!!!!**

### **MAIL PAYMENT IDAHO Dept. of Health and Welfare AND IDAHO STD/AIDS PROGRAM**

**REGISTRATION TO:** 450 West State Street – 4<sup>th</sup> Floor  
Boise, ID 83720-0036



**NAME:**

**AFFILIATION:**

**ADDRESS:**

**PHONE:**

**CITY:**

**FAX:**

**STATE:**

**ZIP:**

**EMAIL:**

### **PARKING Permits:**

Requests for Parking Permits must be made on this form. No Permits will be granted the day of the course.

License No.:

Make of Car:

Model of Car:

Year of Car:

Color of Car:

